



DATE \_\_\_\_\_

Please check yes if any of the following has occurred and report immediately:

- 1. Incidents                      Yes       No
- 2. Accidents Incidents        Yes       No
- 3. Near Misses                 Yes       No
- 4. Serious Harm                Yes       No
- 5. Additional Hazards         Yes       No
- 6. Notifiable Hazards        Yes       No

Note: If you have ticked 'yes', please give details, including **all** corrective actions taken.  
Please attach any relevant information.

**What happened:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_      Time: \_\_\_\_\_

**What Corrective measures could have been taken to prevent this incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_      Dated: \_\_\_\_\_

**Foreman's account of incident if necessary:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_      Dated: \_\_\_\_\_

**Management action taken to correct:**

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Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

If any corrective action is to be taken who is responsible and when should it be completed by

Employee name: \_\_\_\_\_ Date : \_\_\_\_\_

**Site Managers Action:**

Incident has been investigated: Yes  No

I have discussed corrective measures with employee and discussed with all staff at Weekly Tool box meeting & Health and Safety meetings.

Yes  No

Is this a **NEW** hazard? Yes  No

Does it need to be included in the company hazard register? Yes  No

Signed \_\_\_\_\_ Date \_\_\_\_\_

Further Health & Safety inductions are required Yes  No

If Yes, what training is required?

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When should it take place by? Date \_\_\_\_\_